

AMENDED IN SENATE JUNE 23, 2011

AMENDED IN ASSEMBLY MAY 27, 2011

AMENDED IN ASSEMBLY MAY 3, 2011

AMENDED IN ASSEMBLY APRIL 14, 2011

AMENDED IN ASSEMBLY MARCH 29, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 714

Introduced by Assembly Member Atkins

February 17, 2011

An act to amend Section 127420 of, and to add Sections 104164, 120971.5, and 120971.6 to, the Health and Safety Code, to add Sections 12693.78, 12693.79, 12698.45, 12734, and 12739.615 to the Insurance Code, and to add Sections 14029.9 and 14105.182 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 714, as amended, Atkins. Health care coverage: California Health Benefit Exchange.

Existing law, the federal Patient Protection and Affordable Care Act, requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that makes available qualified health plans to qualified individuals and employers. Existing state law establishes the California Health Benefit Exchange within state government, specifies the powers and duties of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and requires the board to facilitate the

purchase of qualified health plans through the Exchange by qualified individuals and small employers by January 1, 2014.

Existing law establishes a program for the treatment of breast and cervical cancer, administered by the State Department of Health Care Services, *and a program for cancer screening administered by the State Department of Public Health*. Existing law provides specified health care coverage to eligible individuals under the Healthy Families Program, the Access for Infants and Mothers Program, the California Major Risk Medical Insurance Program, and the Federal Temporary High Risk Pool, which are administered by the Managed Risk Medical Insurance Board. Existing law provides specified health care coverage to eligible individuals under the Medi-Cal program and the Family PACT program, which are administered by the State Department of Health Care Services. Existing law provides specified health care coverage to individuals under the AIDS Drug Assistance Program (ADAP) and the federal Ryan White HIV/AIDS Treatment Extension Act of 2009, which are administered by the State Department of Public Health. Existing law provides for the regulation and licensure of hospital facilities by the State Department of Public Health.

This bill would, until June 30, 2013, require the State Department of Health Care Services, the State Department of Public Health, and the Managed Risk Medical Insurance Board, respectively, to disclose information on health care coverage through the California Health Benefit Exchange to every individual who has ceased to be enrolled under the programs described above, except that, with respect to the cancer treatment ~~program and screening programs~~, the Family PACT program, and the programs for treatment of HIV/AIDS, the disclosure would be made to each enrollee, and for the Family PACT Program, the disclosure would be made by Family PACT providers *and on and after July 1, 2013, as specified*. The bill would require certain hospitals, when billing, to include additional disclosures regarding health care coverage through the Exchange.

On and after January 1, 2013, this bill would require the State Department of Health Care Services and the Managed Risk Medical Insurance Board to provide to the California Health Benefit Exchange specified information for each individual who has ceased to be enrolled under those programs, except the cancer treatment ~~program and screening programs~~, the Family PACT program, and the programs for treatment of HIV/AIDS, in a manner to be prescribed by the Exchange, for purposes of determining eligibility and completing enrollment in

the Exchange, and to disclose that enrollment to those individuals. On and after January 1, 2013, with respect to the cancer treatment ~~program~~ *and screening programs*, the programs for the treatment of HIV/AIDS, and the Family PACT program, this bill would require the State Department of Health Care Services or the State Department of Public Health to provide to the Exchange specified information for each enrollee in a manner to be prescribed by the Exchange for purposes of determining eligibility and completing enrollment in the Exchange. The bill would make the automatic enrollment of those individuals in the Exchange subject to the State Department of Health Care Services, the State Department of Public Health, and the Managed Risk Medical Insurance Board receiving approval from the United States Department of Health and Human Services to transfer the minimum information necessary to initiate an application for enrollment, as specified. The bill would allow an individual who has been enrolled in the Exchange by the departments or the board to opt out of that coverage in ~~writing to a~~ *manner to be prescribed by the Exchange.*

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 104164 is added to the Health and Safety
2 Code, to read:
3 104164. (a) (1) Effective January 1, 2012, to June 30, 2013,
4 inclusive, ~~the department~~ *State Department of Health Care Services*
5 shall include the following notice in materials otherwise provided
6 to every individual receiving services or treatment for cancer under
7 this chapter *or Section 14007.71 of the Welfare and Institutions*
8 *Code:*
9
10 “Effective January 1, 2014, you may be eligible for reduced-cost,
11 comprehensive health care coverage through the California Health
12 Benefit Exchange. If your income is low, you may be eligible for
13 no-cost coverage through Medi-Cal. For more information, please
14 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
15 telephone number).”
16
17 (2) *Effective January 1, 2012, to June 30, 2013, inclusive, the*
18 *State Department of Public Health shall include the notice set*

1 *forth in paragraph (1) in materials otherwise provided to every*
2 *individual receiving cancer screening under Section 30461.8 of*
3 *the Revenue and Taxation Code.*

4 (b) (1) Effective July 1, 2013, ~~the department~~ *State Department*
5 *of Health Care Services* shall include the following notice in
6 materials otherwise provided to every individual receiving services
7 or treatment under this chapter *or Section 14007.71 of the Welfare*
8 *and Institutions Code:*

9
10 “Because you are enrolled in a cancer screening or treatment
11 program, an application for health care coverage through the
12 California Health Benefit Exchange will be made for you. Coverage
13 will not be effective until January 1, 2014. You are not required
14 to accept coverage from the Exchange. Your payment for coverage
15 will be based on your income last year. If you make significantly
16 less or more this year than you made last year, please tell the
17 California Health Benefit Exchange and your charges will be based
18 on your current income. If your income is low, you may qualify
19 for no-cost coverage through Medi-Cal. For more information,
20 check www.healthcare.ca.gov or call 1-888-Healthhelp (insert
21 telephone number).”

22
23 (2) *Effective July 1, 2013, the State Department of Public Health*
24 *shall include the notice set forth in paragraph (1) in materials*
25 *otherwise provided to every individual receiving cancer screening*
26 *under Section 30461.8 of the Revenue and Taxation Code.*

27 (c) (1) To maximize the number of individual Californians
28 complying with the requirements of the federal Patient Protection
29 and Affordable Care Act (Public Law 111-148) by obtaining
30 coverage consistent with the provisions of federal law, the
31 ~~department~~ *departments* shall seek approval from the United States
32 Department of Health and Human Services to transfer the minimum
33 information necessary to initiate an application for enrollment
34 under this section consistent with Section 100503 of the
35 Government Code.

36 (2) Effective January 1, 2013, for each enrollee, ~~the department~~
37 *departments* shall provide to the Exchange the name, most recent
38 address, *clinical information, recent providers, and other*
39 *information that is in the possession of the program, and any other*
40 ~~information~~ that the Exchange may require, in a manner to be

1 prescribed by the Exchange *strictly necessary* in order to determine
2 eligibility ~~and~~, complete enrollment, *and maximize continuity of*
3 *care*. The information shall be kept confidential in a manner
4 consistent with subsection (g) of Section 1411 of the federal Patient
5 Protection and Affordable Care Act (Public Law 111-148).

6 (3) The information to the Exchange shall initiate an application
7 for enrollment in coverage within the meaning of Section 100503
8 of the Government Code. *Nothing in this section shall be construed*
9 *to alter the responsibility of the Exchange or other state and local*
10 *government entities with respect to the criteria and process for*
11 *eligibility and enrollment in the Exchange and other public health*
12 *care coverage programs.*

13 (d) The individual shall have the opportunity to decline health
14 care coverage pursuant to this section ~~by notifying the Exchange~~
15 ~~in writing in a manner to be prescribed by the Exchange.~~

16 SEC. 2. Section 120971.5 is added to the Health and Safety
17 Code, to read:

18 120971.5. (a) Effective January 1, 2012, to June 30, 2013,
19 inclusive, the State Department of Public Health shall include the
20 following notice in materials otherwise provided to every individual
21 receiving care or services under the AIDS Drug Assistance Program
22 (ADAP), as provided in Section 120950:

23
24 “Effective January 1, 2014, you may be eligible for reduced-cost,
25 comprehensive health care coverage through the California Health
26 Benefit Exchange. If your income is low, you may be eligible for
27 no-cost coverage through Medi-Cal. For more information, please
28 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
29 telephone number).”
30

31 (b) Effective July 1, 2013, the State Department of Public Health
32 shall include the following notice in materials otherwise provided
33 to every individual receiving care or services under ADAP as
34 provided in Section 120950:

35
36 “Because you are enrolled in a public health program, an
37 application for health care coverage through the California Health
38 Benefit Exchange will be made for you. Coverage will not be
39 effective until January 1, 2014. You are not required to accept
40 coverage from the Exchange. Your payment for coverage will be

1 based on your income last year. If you make significantly less or
2 more this year than you made last year, please tell the California
3 Health Benefit Exchange and your charges will be based on your
4 current income. If your income is low, you may qualify for no-cost
5 coverage through Medi-Cal. For more information, check
6 www.healthcare.ca.gov or call 1-888-Healthhelp (insert telephone
7 number).”

8
9 (c) (1) To maximize the number of individual Californians
10 complying with the requirements of the federal Patient Protection
11 and Affordable Care Act (Public Law 111-148) by obtaining
12 coverage consistent with the provisions of federal law, the State
13 Department of Public Health shall seek approval from the United
14 States Department of Health and Human Services to transfer the
15 minimum information necessary to initiate an application for
16 enrollment under this section consistent with Section 100503 of
17 the Government Code.

18 (2) Effective January 1, 2013, for each enrollee, the State
19 Department of Public Health shall provide to the Exchange the
20 name, most recent address, *clinical information, recent providers,*
21 *and* other information that is in the possession of the program, ~~and~~
22 ~~any other information~~ that the Exchange may require, in a manner
23 to be prescribed by the Exchange *strictly necessary* in order to
24 determine eligibility ~~and~~, complete enrollment, *and maximize*
25 *continuity of care*. The information shall be kept confidential in a
26 manner consistent with subsection (g) of Section 1411 of the
27 federal Patient Protection and Affordable Care Act (Public Law
28 111-148), the information shall be provided consistent with Section
29 120980.

30 (3) The information provided to the Exchange shall initiate an
31 application for enrollment in coverage within the meaning of
32 Section 100503 of the Government Code. *Nothing in this section*
33 *shall be construed to alter the responsibility of the Exchange or*
34 *other state and local government entities with respect to the criteria*
35 *and process for eligibility and enrollment in the Exchange and*
36 *other public health care coverage programs.*

37 (d) The individual shall have the opportunity to decline health
38 care coverage pursuant to this section ~~by notifying the Exchange~~
39 ~~in writing~~ *in a manner to be prescribed by the Exchange.*

1 SEC. 3. Section 120971.6 is added to the Health and Safety
2 Code, to read:

3 120971.6. (a) Effective January 1, 2012, to June 30, 2013,
4 inclusive, the State Department of Public Health shall include the
5 following notice in materials otherwise provided to every individual
6 receiving care or services under the federal Ryan White HIV/AIDS
7 Treatment Extension Act of 2009 (Public Law 111-187):

8
9 “Effective January 1, 2014, you may be eligible for reduced-cost,
10 comprehensive health care coverage through the California Health
11 Benefit Exchange. If your income is low, you may be eligible for
12 no-cost coverage through Medi-Cal. For more information, please
13 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
14 telephone number).”

15
16 (b) Effective July 1, 2013, the State Department of Public Health
17 shall include the following notice in materials otherwise provided
18 to every individual receiving care or services under the federal
19 Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public
20 Law 111-187):

21
22 “Because you are enrolled in a public health program, an
23 application for health care coverage through the California Health
24 Benefit Exchange will be made for you. Coverage will not be
25 effective until January 1, 2014. You are not required to accept
26 coverage from the Exchange. Your payment for coverage will be
27 based on your income last year. If you make significantly less or
28 more this year than you made last year, please tell the California
29 Health Benefit Exchange and your charges will be based on your
30 current income. If your income is low, you may qualify for no-cost
31 coverage through Medi-Cal. For more information, check
32 www.healthcare.ca.gov or call 1-888-Healthhelp (insert telephone
33 number).”

34
35 (c) (1) To maximize the number of individual Californians
36 complying with the requirements of the federal Patient Protection
37 and Affordable Care Act (Public Law 111-148) by obtaining
38 coverage consistent with the provisions of federal law, the State
39 Department of Public Health shall seek approval from the United
40 States Department of Health and Human Services to transfer the

1 minimum information necessary to initiate an application for
2 enrollment under this section consistent with Section 100503 of
3 the Government Code.

4 (2) Effective January 1, 2013, for each enrollee, the State
5 Department of Public Health shall provide to the Exchange the
6 name, most recent address, *clinical information, recent providers,*
7 *and* other information that is in the possession of the program, ~~and~~
8 ~~any other information~~ that the Exchange may require, in a manner
9 to be prescribed by the Exchange *strictly necessary* in order to
10 determine eligibility ~~and~~, complete enrollment, *and maximize*
11 *continuity of care.* The information shall be kept confidential in a
12 manner consistent with subsection (g) of Section 1411 of the
13 federal Patient Protection and Affordable Care Act (Public Law
14 111-148), the information shall be provided consistent with Section
15 120980.

16 (3) The information provided to the Exchange shall initiate an
17 application for enrollment in coverage within the meaning of
18 Section 100503 of the Government Code. *Nothing in this section*
19 *shall be construed to alter the responsibility of the Exchange or*
20 *other state and local government entities with respect to the criteria*
21 *and process for eligibility and enrollment in the Exchange and*
22 *other public health care coverage programs.*

23 (d) The individual shall have the opportunity to decline health
24 care coverage pursuant to this section ~~by notifying the Exchange~~
25 ~~in writing~~ *in a manner to be prescribed by the Exchange.*

26 SEC. 4. Section 127420 of the Health and Safety Code is
27 amended to read:

28 127420. (a) Each hospital shall make all reasonable efforts to
29 obtain from the patient or his or her representative information
30 about whether private or public health insurance or sponsorship
31 may fully or partially cover the charges for care rendered by the
32 hospital to a patient, including, but not limited to, any of the
33 following:

34 (1) Private health insurance.

35 (2) Medicare.

36 (3) The Medi-Cal program, the Healthy Families Program, the
37 California Childrens' Services Program, or other state-funded
38 programs designed to provide health coverage.

39 (b) If a hospital bills a patient who has not provided proof of
40 coverage by a third party at the time the care is provided or upon

1 discharge, as a part of that billing, the hospital shall provide the
2 patient with a clear and conspicuous notice that includes all of the
3 following:

4 (1) A statement of charges for services rendered by the hospital.

5 (2) A request that the patient inform the hospital if the patient
6 has health insurance coverage, Medicare, Healthy Families,
7 Medi-Cal, or other coverage.

8 (3) A statement that if the consumer does not have health
9 insurance coverage, the consumer may be eligible for Medicare,
10 Healthy Families, Medi-Cal, California Childrens' Services
11 Program, or charity care. Effective January 1, 2013, the statement
12 shall include information about the availability of coverage through
13 the California Health Benefit Exchange and that such coverage
14 shall be available effective January 1, 2014.

15 (4) (A) A statement indicating how patients may obtain
16 applications for the Medi-Cal program and the Healthy Families
17 Program and that the hospital will provide these applications.
18 Effective January 1, 2013, the statement shall include information
19 about the availability of coverage through the California Health
20 Benefit Exchange and that such coverage shall be available
21 effective January 1, 2014. If the patient does not indicate coverage
22 by a third-party payer specified in subdivision (a), or requests a
23 discounted price or charity care then the hospital shall provide an
24 application for the Medi-Cal program, the Healthy Families
25 Program, or other governmental program to the patient. This
26 application shall be provided prior to discharge if the patient has
27 been admitted or to patients receiving emergency or outpatient
28 care.

29 (B) Effective January 1, 2014, the California Health Benefit
30 Exchange shall be included as a government program under this
31 section, including for purposes of the notice and application
32 requirements under this subdivision.

33 (5) Information regarding the financially qualified patient and
34 charity care application, including the following:

35 (A) A statement that indicates that if the patient lacks, or has
36 inadequate, insurance, and meets certain low- and moderate-income
37 requirements, the patient may qualify for discounted payment or
38 charity care.

39 (B) The name and telephone number of a hospital employee or
40 office from whom or which the patient may obtain information

1 about the hospital's discount payment and charity care policies,
2 and how to apply for that assistance.

3 SEC. 5. Section 12693.78 is added to the Insurance Code, to
4 read:

5 12693.78. (a) Effective January 1, 2012, to June 30, 2013,
6 inclusive, the board shall include the following notice in materials
7 otherwise provided to every individual who ceases to be enrolled
8 in the program:

9
10 "Effective January 1, 2014, you may be eligible for reduced-cost,
11 comprehensive health care coverage through the California Health
12 Benefit Exchange. If your income is low, you may be eligible for
13 no-cost coverage through Medi-Cal. For more information, please
14 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
15 telephone number)."

16
17 (b) Effective July 1, 2013, the board shall include the following
18 notice in materials otherwise provided to every individual who
19 ceases to be enrolled in the program:

20
21 "Because you are no longer enrolled in the Healthy Families
22 Program, an application for health care coverage through the
23 California Health Benefit Exchange will be made for you. Coverage
24 will not be effective until January 1, 2014. You are not required
25 to accept coverage from the Exchange. Your payment for coverage
26 will be based on your income last year. If you make significantly
27 less or more this year than you made last year, please tell the
28 California Health Benefit Exchange and your charges will be based
29 on your current income. If your income is low, you may qualify
30 for no-cost coverage through Medi-Cal. For more information,
31 check www.healthcare.ca.gov or call 1-888-Healthhelp (insert
32 telephone number)."

33
34 (c) (1) To maximize the number of individual Californians
35 complying with the requirements of the federal Patient Protection
36 and Affordable Care Act (Public Law 111-148) by obtaining
37 coverage consistent with the provisions of federal law, the board
38 shall seek approval from the United States Department of Health
39 and Human Services to transfer the minimum information

1 necessary to initiate an application for enrollment under this section
2 consistent with Section 100503 of the Government Code.

3 (2) Effective January 1, 2013, for each enrollee who has ceased
4 to be enrolled, the board shall provide to the Exchange the name,
5 most recent address, *clinical information, recent providers, and*
6 *other information* that is in the possession of the program, ~~and any~~
7 ~~other information~~ that the Exchange may require, in a manner to
8 be prescribed by the Exchange *strictly necessary* in order to
9 determine eligibility ~~and~~, complete enrollment, *and maximize*
10 *continuity of care*. The information shall be kept confidential in a
11 manner consistent with subsection (g) of Section 1411 of the
12 federal Patient Protection and Affordable Care Act (Public Law
13 111-148).

14 (3) The information provided to the Exchange shall initiate an
15 application for enrollment in coverage within the meaning of
16 Section 100503 of the Government Code. *Nothing in this section*
17 *shall be construed to alter the responsibility of the Exchange or*
18 *other state and local government entities with respect to the criteria*
19 *and process for eligibility and enrollment in the Exchange and*
20 *other public health care coverage programs.*

21 (d) The individual shall have the opportunity to decline health
22 care coverage pursuant to this section ~~by notifying the Exchange~~
23 ~~in writing~~ *in a manner to be prescribed by the Exchange.*

24 SEC. 6. Section 12693.79 is added to the Insurance Code, to
25 read:

26 12693.79. Effective January 1, 2012, the board shall include
27 the following notice in materials otherwise provided to every
28 individual enrolled in the Healthy Families Program:

29
30 “Effective January 1, 2014, if your parents or other family
31 members do not have health care coverage that costs less than 10%
32 of your income, your parents or other family members may be
33 eligible for reduced-cost, comprehensive health care coverage
34 through the California Health Benefit Exchange. If your income
35 is low, you may be eligible for no-cost coverage through Medi-Cal.
36 For more information, please visit www.healthcare.ca.gov or call
37 1-888-Healthhelp (insert telephone number).”

38
39 SEC. 7. Section 12698.45 is added to the Insurance Code, to
40 read:

1 12698.45. (a) Effective January 1, 2012, to June 30, 2013,
2 inclusive, the board shall include the following notice in materials
3 otherwise provided to every individual who ceases to be enrolled
4 in the program:

5
6 “Effective January 1, 2014, you may be eligible for reduced-cost,
7 comprehensive health care coverage through the California Health
8 Benefit Exchange. If your income is low, you may be eligible for
9 no-cost coverage through Medi-Cal. For more information, please
10 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
11 telephone number).”
12

13 (b) Effective July 1, 2013, the board shall include the following
14 notice in materials otherwise provided to every individual who
15 ceases to be enrolled in the program:

16
17 “Because you are no longer enrolled in AIM (Access for Infants
18 and Mothers Program), an application for health care coverage
19 through the California Health Benefit Exchange will be made for
20 you. Coverage will not be effective until January 1, 2014. You are
21 not required to accept coverage from the Exchange. Your payment
22 for coverage will be based on your income last year. If you make
23 significantly less or more this year than you made last year, please
24 tell the California Health Benefit Exchange and your charges will
25 be based on your current income. If your income is low, you may
26 qualify for no-cost coverage through Medi-Cal. For more
27 information, check www.healthcare.ca.gov or call 1-888-Healthhelp
28 (insert telephone number).”
29

30 (c) (1) To maximize the number of individual Californians
31 complying with the requirements of the federal Patient Protection
32 and Affordable Care Act (Public Law 111-148) by obtaining
33 coverage consistent with the provisions of federal law, the board
34 shall seek approval from the United States Department of Health
35 and Human Services to transfer the minimum information
36 necessary to initiate an application for enrollment under this section
37 consistent with Section 100503 of the Government Code.

38 (2) Effective January 1, 2013, for each enrollee who has ceased
39 to be enrolled, the board shall provide to the Exchange the name,
40 most recent address, *clinical information, recent providers, and*

1 other information that is in the possession of the program, ~~and any~~
2 ~~other information~~ that the Exchange may require, in a manner to
3 be prescribed by the Exchange *strictly necessary* in order to
4 determine eligibility ~~and~~, complete enrollment, *and maximize*
5 *continuity of care*. The information shall be kept confidential in a
6 manner consistent with subsection (g) of Section 1411 of the
7 federal Patient Protection and Affordable Care Act (Public Law
8 111-148).

9 (3) The information provided to the Exchange shall initiate an
10 application for enrollment in coverage within the meaning of
11 Section 100503 of the Government Code. *Nothing in this section*
12 *shall be construed to alter the responsibility of the Exchange or*
13 *other state and local government entities with respect to the criteria*
14 *and process for eligibility and enrollment in the Exchange and*
15 *other public health care coverage programs.*

16 (d) The individual shall have the opportunity to decline health
17 care coverage pursuant to this section ~~by notifying the Exchange~~
18 ~~in writing~~ *in a manner to be prescribed by the Exchange.*

19 SEC. 8. Section 12734 is added to the Insurance Code, to read:

20 12734. (a) Effective January 1, 2012, to June 30, 2013,
21 inclusive, the board shall include the following notice in materials
22 otherwise provided to every individual who ceases to be enrolled
23 in the program:
24

25 “Effective January 1, 2014, you may be eligible for reduced-cost,
26 comprehensive health care coverage through the California Health
27 Benefit Exchange. If your income is low, you may be eligible for
28 no-cost coverage through Medi-Cal. For more information, please
29 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
30 telephone number).”
31

32 (b) Effective July 1, 2013, the board shall include the following
33 notice in materials otherwise provided to every individual who
34 ceases to be enrolled in the program:
35

36 “Because you are no longer enrolled in the California Major
37 Risk Medical Insurance Program, an application for health care
38 coverage through the California Health Benefit Exchange will be
39 made for you. Coverage will not be effective until January 1, 2014.
40 You are not required to accept coverage from the Exchange. Your

1 payment for coverage will be based on your income last year. If
2 you make significantly less or more this year than you made last
3 year, please tell the California Health Benefit Exchange and your
4 charges will be based on your current income. If your income is
5 low, you may qualify for no-cost coverage through Medi-Cal. For
6 more information, check www.healthcare.ca.gov or call
7 1-888-Healthhelp (insert telephone number).”

8
9 (c) (1) To maximize the number of individual Californians
10 complying with the requirements of the federal Patient Protection
11 and Affordable Care Act (Public Law 111-148) by obtaining
12 coverage consistent with the provisions of federal law, the board
13 shall seek approval from the United States Department of Health
14 and Human Services to transfer the minimum information
15 necessary to initiate an application for enrollment under this section
16 consistent with Section 100503 of the Government Code.

17 (2) Effective January 1, 2013, for each enrollee who has ceased
18 to be enrolled, the board shall provide to the Exchange the name,
19 most recent address, *clinical information, recent providers, and*
20 *other information* that is in the possession of the program, ~~and any~~
21 ~~other information~~ that the Exchange may require, in a manner to
22 be prescribed by the Exchange *strictly necessary* in order to
23 determine eligibility ~~and~~, complete enrollment, *and maximize*
24 *continuity of care*. The information shall be kept confidential in a
25 manner consistent with subsection (g) of Section 1411 of the
26 federal Patient Protection and Affordable Care Act (Public Law
27 111-148).

28 (3) The information provided to the Exchange shall initiate an
29 application for enrollment in coverage within the meaning of
30 Section 100503 of the Government Code. *Nothing in this section*
31 *shall be construed to alter the responsibility of the Exchange or*
32 *other state and local government entities with respect to the criteria*
33 *and process for eligibility and enrollment in the Exchange and*
34 *other public health care coverage programs.*

35 (d) The individual shall have the opportunity to decline health
36 care coverage pursuant to this section ~~by notifying the Exchange~~
37 ~~in writing~~ *in a manner to be prescribed by the Exchange.*

38 SEC. 9. Section 12739.615 is added to the Insurance Code, to
39 read:

1 12739.615. (a) Effective January 1, 2012, to June 30, 2013,
2 inclusive, the board shall include the following notice in materials
3 otherwise provided to every individual who ceases to be enrolled
4 in the program:

5
6 “Effective January 1, 2014, you may be eligible for reduced-cost,
7 comprehensive health care coverage through the California Health
8 Benefit Exchange. If your income is low, you may be eligible for
9 no-cost coverage through Medi-Cal. For more information, please
10 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
11 telephone number).”
12

13 (b) Effective July 1, 2013, the board shall include the following
14 notice in materials otherwise provided to every individual who
15 ceases to be enrolled in the program:

16
17 “Because you are no longer enrolled in the Federal Temporary
18 High Risk Pool, an application for health care coverage through
19 the California Health Benefit Exchange will be made for you.
20 Coverage will not be effective until January 1, 2014. You are not
21 required to accept coverage from the Exchange. Your payment for
22 coverage will be based on your income last year. If you make
23 significantly less or more this year than you made last year, please
24 tell the California Health Benefit Exchange and your charges will
25 be based on your current income. If your income is low, you may
26 qualify for no-cost coverage through Medi-Cal. For more
27 information, check www.healthcare.ca.gov or call 1-888-Healthhelp
28 (insert telephone number).”
29

30 (c) (1) To maximize the number of individual Californians
31 complying with the requirements of the federal Patient Protection
32 and Affordable Care Act (Public Law 111-148) by obtaining
33 coverage consistent with the provisions of federal law, the board
34 shall seek approval from the United States Department of Health
35 and Human Services to transfer the minimum information
36 necessary to initiate an application for enrollment under this section
37 consistent with Section 100503 of the Government Code.

38 (2) Effective January 1, 2013, for each enrollee who has ceased
39 to be enrolled, the board shall provide to the Exchange the name,
40 most recent address, *clinical information, recent providers, and*

1 other information that is in the possession of the program, ~~and any~~
2 ~~other information~~ that the Exchange may require, in a manner to
3 be prescribed by the Exchange *strictly necessary* in order to
4 determine eligibility ~~and~~, complete enrollment, *and maximize*
5 *continuity of care*. The information shall be kept confidential in a
6 manner consistent with subsection (g) of Section 1411 of the
7 federal Patient Protection and Affordable Care Act (Public Law
8 111-148).

9 (3) The information provided to the Exchange shall initiate an
10 application for enrollment in coverage within the meaning of
11 Section 100503 of the Government Code. *Nothing in this section*
12 *shall be construed to alter the responsibility of the Exchange or*
13 *other state and local government entities with respect to the criteria*
14 *and process for eligibility and enrollment in the Exchange and*
15 *other public health care coverage programs.*

16 (d) The individual shall have the opportunity to decline health
17 care coverage pursuant to this section ~~by notifying the Exchange~~
18 ~~in writing~~ *in a manner to be prescribed by the Exchange.*

19 SEC. 10. Section 14029.9 is added to the Welfare and
20 Institutions Code, to read:

21 14029.9. (a) Effective January 1, 2012, to June 30, 2013,
22 inclusive, the department shall include the following notice in
23 materials otherwise provided to every individual who ceases to be
24 enrolled in the Medi-Cal program *and received full-scope Medi-Cal*
25 *benefits for which there was federal financial participation:*

26
27 “Effective January 1, 2014, you may be eligible for reduced-cost,
28 comprehensive health care coverage through the California Health
29 Benefit Exchange. If your income is low, you may be eligible for
30 no-cost coverage through Medi-Cal. For more information, please
31 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
32 telephone number).”

33
34 (b) Effective July 1, 2013, the department shall include the
35 following notice in materials otherwise provided to every individual
36 who ceases to be enrolled in the Medi-Cal program *and received*
37 *full-scope Medi-Cal benefits for which there was federal financial*
38 *participation:*

1 “Because you are no longer enrolled in Medi-Cal, an application
2 for health care coverage through the California Health Benefit
3 Exchange will be made for you. Coverage will not be effective
4 until January 1, 2014. You are not required to accept coverage
5 from the Exchange. Your payment for coverage will be based on
6 your income last year. If you make significantly less or more this
7 year than you made last year, please tell the California Health
8 Benefit Exchange and your charges will be based on your current
9 income. If your income is low, you may qualify for no-cost
10 coverage through Medi-Cal. For more information, check
11 www.healthcare.ca.gov or call 1-888-Healthhelp (insert telephone
12 number).”
13

14 (c) (1) To maximize the number of individual Californians
15 complying with the requirements of the federal Patient Protection
16 and Affordable Care Act (Public Law 111-148) by obtaining
17 coverage consistent with the provisions of federal law, the
18 department shall seek approval from the United States Department
19 of Health and Human Services to transfer the minimum information
20 necessary to initiate an application for enrollment under this section
21 consistent with Section 100503 of the Government Code.

22 (2) Effective January 1, 2013, for each enrollee who has ceased
23 to be enrolled, the department shall provide to the Exchange the
24 name, most recent address, *clinical information, recent providers,*
25 *and* other information that is in the possession of the program, ~~and~~
26 ~~any other information~~ that the Exchange may require, in a manner
27 to be prescribed by the Exchange *strictly necessary* in order to
28 determine eligibility ~~and~~, complete enrollment, *and maximize*
29 *continuity of care*. The information shall be kept confidential in a
30 manner consistent with subsection (g) of Section 1411 of the
31 federal Patient Protection and Affordable Care Act (Public Law
32 111-148).

33 (3) The information provided to the Exchange shall initiate an
34 application for enrollment in coverage within the meaning of
35 Section 100503 of the Government Code. *Nothing in this section*
36 *shall be construed to alter the responsibility of the Exchange or*
37 *other state and local government entities with respect to the criteria*
38 *and process for eligibility and enrollment in the Exchange and*
39 *other public health care coverage programs.*

(d) The individual shall have the opportunity to decline health care coverage pursuant to this section ~~by notifying the Exchange in writing in a manner to be prescribed by the Exchange.~~

SEC. 11. Section 14105.182 is added to the Welfare and Institutions Code, to read:

14105.182. (a) Effective January 1, 2012, to June 30, 2013, inclusive, the Family PACT provider shall include the following notice in materials otherwise provided to every individual receiving care or services under the Family PACT program as provided in subdivision (aa) of Section 14132:

“Effective January 1, 2014, you may be eligible for reduced-cost, comprehensive health care coverage through the California Health Benefit Exchange. If your income is low, you may be eligible for no-cost coverage through Medi-Cal. For more information, please visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert telephone number).”

(b) Effective July 1, 2013, the ~~department~~ *Family PACT provider* shall include the following notice in materials otherwise provided to every individual receiving care or services under the Family PACT program as provided in subdivision (aa) of Section 14132:

“Because you are enrolled in a public health program, an application for health care coverage through the California Health Benefit Exchange will be made for you. *If you do not qualify for that coverage or if you decline that coverage, your enrollment in Family PACT will continue.* Coverage will not be effective until January 1, 2014. You are not required to accept coverage from the Exchange. Your payment for coverage will be based on your income last year. If you make significantly less or more this year than you made last year, please tell the California Health Benefit Exchange and your charges will be based on your current income. If your income is low, you may qualify for no-cost coverage through Medi-Cal. For more information, check www.healthcare.ca.gov or call 1-888-Healthhelp (insert telephone number).”

1 (c) (1) To maximize the number of individual Californians
2 complying with the requirements of the federal Patient Protection
3 and Affordable Care Act (Public Law 111-148) by obtaining
4 coverage consistent with the provisions of federal law, the
5 department shall seek approval from the United States Department
6 of Health and Human Services to transfer the minimum information
7 necessary to initiate an application for enrollment under this section
8 consistent with Section 100503 of the Government Code.

9 (2) Effective January 1, 2013, for each enrollee, the department
10 shall provide to the Exchange the name, most recent address, other
11 information that is in the possession of the program, and ~~any other~~
12 ~~information that the Exchange may require~~ *providers within the*
13 *last 12 months*, in a manner to be prescribed by the Exchange
14 *strictly necessary* in order to determine eligibility ~~and~~, complete
15 enrollment, *and maximize continuity of care*. The information shall
16 be kept confidential in a manner consistent with subsection (g) of
17 Section 1411 of the federal Patient Protection and Affordable Care
18 Act (Public Law 111-148). *To maximize continuity of care in*
19 *selecting a plan, enrollees shall be provided information about*
20 *participating providers based on an enrollee's existing or recent*
21 *utilization of providers, to the extent possible and consistent with*
22 *paragraph (9) of subdivision (a) of Section 100504 of the*
23 *Government Code*.

24 (3) The information provided to the Exchange shall initiate an
25 application for enrollment in coverage within the meaning of
26 Section 100503 of the Government Code. *Nothing in this section*
27 *shall be construed to alter the responsibility of the Exchange or*
28 *other state and local government entities with respect to the criteria*
29 *and process for eligibility and enrollment in the Exchange and*
30 *other public health care coverage programs*.

31 (d) The individual shall have the opportunity to decline health
32 care coverage pursuant to this section ~~by notifying the Exchange~~
33 ~~in writing~~ *in a manner to be prescribed by the Exchange*.